

00- R -1028

Entered 10-08-99-sb
CL 99L0646 - GWENDOLYN BURNS

CLAIM OF: AUDREY K. MATTHEWS
2701 E. Madison Street
Seattle, Washington, 98112

For personal injuries alleged to have been sustained
as a result of a slip and fall on or about August 16, 1999,
at International Boulevard and Peachtree Center Avenue.

THIS ADVERSED REPORT IS
APPROVED BY:

Rosalind Rubens Newell
ROSALIND RUBENS NEWELL

~~ADVERSED~~ REPORT
COM. P.S. & L.P.

CONSENT AGENDA

DATE 7/11/00

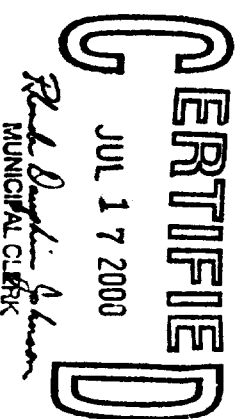
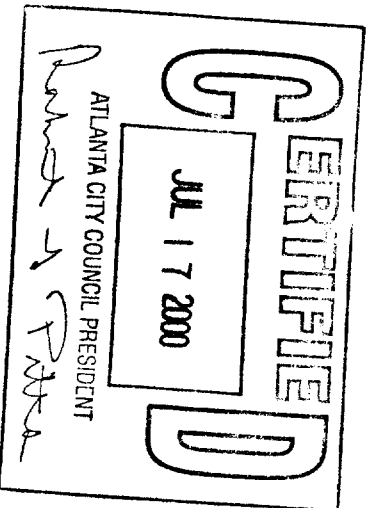
ADVERSED BY JUL 17 2000
CITY COUNCIL

CITY

C. T. Martin

Chloe H. Hines

Henry D. Dwyer





OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

July 28, 2000

Audrey K. Matthews
2701 E. Madison Street
Seattle, Washington 98112

00-R-1028


Dear Ms. Matthews:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on July 17, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Sincerely,


Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0646

Date: June 28, 2000

Claimant /Victim AUDREY K. MATTHEWS
BY: (Atty) (Ins. Co.) _____
Address: 2701 E. Madison Street, Seattle, Washington 98112
Subrogation: _____ Claim for damages \$ _____ Bodily Injury \$ 2,427.00
Date of Notice: 10/4/99 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 8/16/99 Place: International Blvd. & Peachtree Center Avenue
Department PUBLIC WORKS Division _____ Street _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that she sustained a broken foot when she stepped off the curb and fell at the above location. However, an investigation determined that there was not any ongoing construction in the area at the time of claimant's incident. Furthermore, the City did not have any record of any complaints or problems occurring at this location.

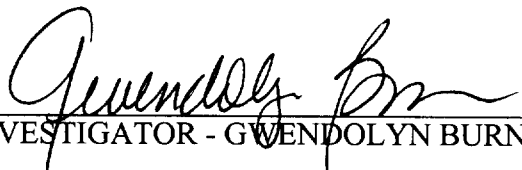
INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written X Oral X
Pictures X Diagrams _____ Reports: Police _____ Dept Report X Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 06-29-00
Committee Action: _____ Council Action _____

1 of 3

BURNS
10/04/99

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 5-24-99

Dear Municipal Clerk:

ENTERED - 10-8-99 - SB
99L0646 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ 1200 Damage bodily injury for which I contend the City is liable. for whiskey and I'm still

1. Date of incident: 8/16/99
(month/day/year)

2. Police called: X
Yes No

occurred in a medical
4/pen 222

3. Location of incident: downtown Atlanta, International Blvd St 1 Block from the Westin Hotel

4. Name of your insurance company: none Policy No. n/a

5. State what and how incident occurred: see attached

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(make) (year) (tag number) (driver's name)

City vehicle: _____
(make) (City driver's name) (department/bureau)

8. Witness: Jean Adams Brown Rd Piedmont SC 29673 864.370.0316
(name) (address) (telephone number)

9. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Andrey K. Matthews.
(claimant's name)
Madison Avenue Salon
2701 E. Madison St.
(address)

Seattle, WA 98112
(city and state)

(206) 328-5628 206.329.5115
(work number) (home number)

(206) 329-5115 (Fax)
324-4721 (Offic Fax)

